

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS350AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2010
NAME OF PROVIDER OR SUPPLIER ST ROSE RETIREMENT HOME I		STREET ADDRESS, CITY, STATE, ZIP CODE 3164 HEBARD DRIVE LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a annual State Licensure survey conducted in your facility on 8/4/10 through 8/17/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of A.</p> <p>The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=D	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 8/4/10, the facility failed to ensure 1 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #2- physical was initiated 2 months after admit date). This is a repeat citation from the 7/1/09 State Licensure Survey. Severity: 2 Scope: 1	Y 103		
Y 531 SS=F	449.260(1)(f) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (f) Encourage the residents to participate in the activities scheduled pursuant to paragraph (e). This Regulation is not met as evidenced by: Based on interview on 8/4/10, the facility failed to encourage residents to participate in the regularly scheduled daily activities for 6 of 6 residents (Resident #1, #2, #3, #4, #5 and #6) . Severity: 2 Scope: 3	Y 531		
Y 936 SS=D	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at	Y 936		

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Y 936	<p>Continued From page 2</p> <p>least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 8/4/10, the facility failed to ensure 2 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2-had no positive TB test and #6 had no annual 1 step TB test) which affected all residents.</p> <p>Severity: 2 Scope: 1</p>	Y 936			

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